

MISSOURI INDIVIDUAL INCOME TAX RETURN — RESIDENTS/NONRESIDENTS

_	⊸} V	<u> WITH OTHER STATE IN</u>	COME AND	ACTIVE DU	TY MIL	<u>ITARY —</u>	SHO	<u> PRT F</u>	ORM	20	<i>J</i> U1	FORIM	MO-	1040C	
LAS	T NAN	ΛΕ	FIRST NAME		М	IDDLE INITIAL		SED SO 2001	OCIAL SEC	CURITY N	UMBER		_		
SPO	OUSE'S	S LAST NAME	М	MIDDLE INITIAL DECEASED SPOUSE'S SOCIAL SECURITY NUMBER 2001											
IN C	ARE (OF NAME (ATTORNEY, EXECUTOR, PE	СО	COUNTY OF RESIDENCE SCHOOL DISTRICT NO.											
PRE	SENT	ADDRESS (INCLUDE APARTMENT NO	CIT	CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE											
	Plea	se see the instructions	PLEASE CHECK THI	E APPROPRIATE BO	XES THAT A	APPLY TO YOU/	YOUR S	POUSE.							
	, ou		AGE 65 OR OLD	ER BL	.IND		100	0% DIS	ABLED		N	ION-OBLIG	ATED	SPOUSE	
	C	ompleting this form.	YOURSELF _	SPOUSE	YOURSELF	F SPOUSE		YOURS	SELF	SPOUSE		YOURSELF	= 🗌 5	SPOUSE	
			00047						You	rself	Spo		pous	use	
	1.	Enter your total income from (See worksheet.)					1	1			00	-		00	
ш	2	Enter any state income tax refu			· · · · · · · · · · · · · · · · · · ·					00					
INCOME		· · · · · · · · · · · · · · · · · · ·	-									=		00	
Š		Subtract Line 2 from Line 1. T TOTAL ADJUSTED INCOME							. 4		; 00		00	: 00	
=									. 4)0		
		Income percentages: Divide Li (The total of the two must equa	al 100%. Round	to the nearest w	vhole nun	nber.)			. 5		%		%		
	6.	Mark your filing status box bel													
		☐ Single-\$2,100 ☐ Claimed	as dependent on	another person's	fed. retur	m-\$0	rried-\$	4,200	6			(00	CAUTIONI	
رم	7.	Enter your federal income tax				ximum of \$5									
ξ.		from your 2001 federal return.				naximum of S				+			00	3 '	
ĭ	8.	Enter your standard or itemize	ed deductions. S	See back of form	n for amou	unts			8	+		- (ee Line 7 tructions.	
DEDUCTIONS	9.	9. Enter the total number of dependents you claimed on your federal return and multiply by \$1,200. (Do not include yourself or your spouse.) 10. Enter the total number of dependents included on Line 9 that are age 65 or older and multiply by \$1,000. (Do not include yourself or your spouse.) 2													
DE	10.														
	11.	Enter your long-term care insu	-	-		-		· —					00		
		TOTAL DEDUCTIONS. Add L								=		(00		
		Taxable Income. Subtract Lin											00		
		Multiply Line 13 by the percen	`	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[You	rself		S	pous	е	
		and your spouse	-	•			. 14				00		•	00	
ES	15.	Use table on back to figure tax				. 15				00			00		
TAXES		Resident credit (Attach Form		•		OR	. 16				00			00	
-		Missouri income percentage (-	n.) 📣	. 17				%			%	
		BALANCE (Resident — Subt				, —					-				
	10.	(Missouri Income Percentag			·.)		18				00			00	
	19.	TOTAL TAXES. Add your tax								. 19			(00	
		Enter the Missouri withholding for											(00	
		Enter any Missouri estimated t		•			. ,			. 21			(00	
		Total Payments. Add Lines 2								. 22			(00	
뿚		If Line 22 (Total Payments) is													
TS/	_0.	You have overpaid. (If Line 22								. 23			(00	
PAYMENTS/REFUND	24.	Enter the amount from Line 23	3 that you want a	applied to next y	ear's tax					. 24				00	
ΜX	25	You may donate part of your o	overnaid amount	or contribute ad	ditional	45	Childre Trust F	en's Fund		erans st Fund		Elderly Home Delivered Meals		ssouri National ard Trust Fund	
٨	_0.	payments to any or all of the tr							- Cor		E	Trust Fund	#M. Ju		
		amount of your donation in the		•	<u> </u>	25		00		00)	00	<u> </u>	00	
	26.	Subtract Lines 24 and 25 from	n Line 23 and en	ter here. This is	your refu	ınd.	· <u> </u>								
T0		Mail to: Department of Reve	nue, P.O. Box 5	500, Jefferson (Ćity, MO	65106-0500			REFUN	D 26			(00	
MAIL	27.	If Line 22 is less than Line 19, enter the difference here. You have an amount due. Mail to: Department of Revenue, P.O. Box 329, Jefferson City, MO 65107-0329 AMOUNT DUE 27													
Σ											cally			00	
H														E P F	
Щ		er (other than taxpayer) is based on all information of							on any individ	dual who files	a frivolou				
띩		rize the Director of Revenue or delegate to discus						s 🗆 NO	PRE	PARER'S P	HONE	T			
AT	SIGNA	TURE	F (DATE	PF	REPARER'S SIGNA	ATURE					FEIN, SSN	I, OR PTIN	I	
SIGNATURE				DAYTIME TELEPHONE											
š	SPOUS	SE'S SIGNATURE	PREPARER'S ADDRESS AND ZIP CODE						DAT	E					

STANDARD DEDUCTION AMOUNTS

• Single — \$4,550 • Married Filing A Combined Return — \$7,600

If you or your spouse marked any of the boxes for 65 or older or blind, see your federal return for your standard deduction amount.

If your filing status is claimed as a dependent on another person's federal return, see your federal return for your standard deduction amount.

	MISSOURI ITEMIZED DEDUCTIONS											
	 Complete this section only if you itemized deductions on your federal return. (See the instructions.) Attach a copy of your Federal Form 1040 (pages 1 and 2) and Federal Schedule A. 											
1.	Total federal itemized deductions from Federal Form 1040, Line 36		1	00								
2.	2001 (FICA) — yourself — Social security \$	2	00									
	2001 (FICA) — spouse — Social security \$	3	00									
4.	2001 Railroad retirement tax — yourself (Tier I and Tier II) \$	4	00									
5.	2001 Railroad retirement tax — spouse (Tier I and Tier II) \$	5	00									
6.	2001 Self-employment tax — Amount from Federal Form 1040, Line 27		6	00								
7.	TOTAL. Add Lines 1 through 6	<u> </u>	7	00								
8.	State and local income taxes — Review worksheet below before completing	00										
9.	Kansas City and St. Louis earnings taxes included in Line 8											
10.		10	00									
11.	MISSOURI ITEMIZED DEDUCTIONS. Subtract Line 10 from Line 7. Enter h	8	11	00								
i	NOTE: IF LINE 11 IS LESS THAN YOUR FEDERAL STANDARD DEDUCTION SEE INSTRUCTIONS											

WORKSHEET FOR LINE 8 — STATE AND LOCAL INCOME TAXES Complete this worksheet only if your federal adjusted gross income from Federal Form 1040, Line 33 is more than \$132,950 (\$66,475 if married filing separate). If your federal adjusted gross income is less than or equal to these amounts, do not complete this worksheet. See the instructions for the amount to enter on Line 10 above. Attach a copy of your Federal Itemized Deduction Worksheet (Page A-6 of Federal Schedule A instructions). 1. Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 3 00 1 2. Enter amount from Federal Form 1040, Schedule A, Itemized Deduction Worksheet, Line 9 (See page A-6 of Federal Schedule A instructions.) 00 3 00 3. State and local income taxes from Federal Form 1040, Schedule A, Line 5 4 00 5 00 % 6. Divide Line 5 by Line 1 6 7 00 00 8

2001 TAX TABLE																	
If Line 14 is			If Line 14 is			If Line 14 is			If Line 14 is			If Line 14 is			If Line 14 is		
At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is	At least	But less than	Your tax is
0	100	\$ 0	1,500	1,600	\$ 26	3,000	3,100	62	4,500	4,600	\$109	6,000	6,100	\$167	7,500	7,600	\$238
100	200	2	1,600	1,700	28	3,100	3,200	65	4,600	4,700	113	6,100	6,200	172	7,600	7,700	243
200	300	4	1,700	1,800	30	3,200	3,300	68	4,700	4,800	116	6,200	6,300	176	7,700	7,800	248
300	400	5	1,800	1,900	32	3,300	3,400	71	4,800	4,900	120	6,300	6,400	181	7,800	7,900	253
400	500	7	1,900	2,000	34	3,400	3,500	74	4,900	5,000	123	6,400	6,500	185	7,900	8,000	258
500	600	8	2,000	2,100	36	3,500	3,600	77	5,000	5,100	127	6,500	6,600	190	8,000	8,100	263
600	700	10	2,100	2,200	39	3,600	3,700	80	5,100	5,200	131	6,600	6,700	194	8,100	8,200	268
700	800	11	2,200	2,300	41	3,700	3,800	83	5,200	5,300	135	6,700	6,800	199	8,200	8,300	274
800	900	13	2,300	2,400	44	3,800	3,900	86	5,300	5,400	139	6,800	6,900	203	8,300	8,400	279
900	1,000	14	2,400	2,500	46	3,900	4,000	89	5,400	5,500	143	6,900	7,000	208	8,400	8,500	285
1,000	1,100	16	2,500	2,600	49	4,000	4,100	92	5,500	5,600	147	7,000	7,100	213	8,500	8,600	290
1,100	1,200	18	2,600	2,700	51	4,100	4,200	95	5,600	5,700	151	7,100	7,200	218	8,600	8,700	296
1,200	1,300	20	2,700	2,800	54	4,200	4,300	99	5,700	5,800	155	7,200	7,300	223	8,700	8,800	301
1,300	1,400	22	2,800	2,900	56	4,300	4,400	102	5,800	5,900	159	7,300	7,400	228	8,800	8,900	307
1,400	1,500	24	2,900	3,000	59	4,400	4,500	106	5,900	6,000	163	7,400	7,500	233	8,900	9,000	312
															9,000		315

For assistance calculating your tax, go to www.dor.state.mo.us/tax and select the Tax Calculator.

Tax on the first \$9,000 of taxable income is \$315. Tax on the income over \$9,000 is calculated at 6%. Example: If Line 14 of the Missouri return is ₹12,000, then the Missouri tax is \$315 + \$180 (6% of \$3,000) = \$495.

PLUS 6% of excess over \$9,000

NOTE: Make sure \$315 is included in your calculation of tax on taxable income over \$9,000.